

**Utah Department of Workforce Services**  
Unemployment Insurance  
140 East 300 South  
P.O. Box 45288  
Salt Lake City, Utah 84145-0288  
TEL (801) 526-9400  
FAX (801) 526-9236



**AMENDED EMPLOYER'S CONTRIBUTION REPORT**

(PLEASE READ INSTRUCTIONS ON REVERSE SIDE)

Code

**EMPLOYER NAME AND ADDRESS**

REGISTRATION NO. \_\_\_\_\_

FOR QTR ENDING \_\_\_\_\_

QTR \_\_\_\_\_ YEAR \_\_\_\_\_ RATE \_\_\_\_\_

	AS REPORTED ON EMPLOYER'S CONT. REPORT	CORRECT AMOUNT	DIFFERENCE	OFFICE USE ONLY
TOTAL WAGES				
EXCESS WAGES				
SUBJECT WAGES				
CONTRIBUTION DUE				

**PAYMENT SUMMARY**

PREVIOUS PAYMENT THIS QUARTER		
ADDITIONAL CONTRIBUTION DUE		
INTEREST DUE		
ADDITIONAL CONTRIBUTION PAID		
REFUND DUE		

EXPLANATION FOR AMENDMENT

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Tele: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Each quarter being amended requires a separate Amended Report Form and Amended Wage List Form.
2. Your organization's total payroll reportable on your Form 3, Employer's Contribution Report, should be reflected on the Amended Report Form.
3. Only those employees whose wages are being adjusted should be included on the Amended Wage List Form.
4. Corrections must be reflected in the quarter the wages were paid, i.e. 1st quarter adjustments cannot be made in the 2nd quarter. Negative figures may only be shown in the "Difference" columns.